

First Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Address: \_\_\_\_\_ Suburb: \_\_\_\_\_ Postcode: \_\_\_\_\_

Telephone: (H): \_\_\_\_\_ (W): \_\_\_\_\_ (M): \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Private Health fund (if applicable): \_\_\_\_\_

Concession Card number (if applicable): \_\_\_\_\_ Expiry Date \_\_\_\_\_

Occupation: \_\_\_\_\_ Name of Family Dr: \_\_\_\_\_

Emergency Contact: (Name) \_\_\_\_\_ Contact Number: \_\_\_\_\_

Please tick how you heard about us:  Sign  Yellow Pages  Website  Referral: (Who) \_\_\_\_\_

Recreational Activities: \_\_\_\_\_

Primary Complaint: \_\_\_\_\_

Please tick (✓) any of the following treatments that you have experienced before:

- |                                       |                                          |                                        |                                      |
|---------------------------------------|------------------------------------------|----------------------------------------|--------------------------------------|
| <input type="checkbox"/> Acupuncture  | <input type="checkbox"/> Counselling     | <input type="checkbox"/> Naturopathy   | <input type="checkbox"/> Podiatry    |
| <input type="checkbox"/> Myotherapy   | <input type="checkbox"/> Kinesiology     | <input type="checkbox"/> Osteopathy    | <input type="checkbox"/> Reiki       |
| <input type="checkbox"/> Chiropractic | <input type="checkbox"/> Massage Therapy | <input type="checkbox"/> Physiotherapy | <input type="checkbox"/> Reflexology |

**MEDICAL HISTORY:**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Known allergies: \_\_\_\_\_

Are you pregnant? YES / NO    If Yes, how many weeks? \_\_\_\_\_    Number of Children: \_\_\_\_\_

Previous surgery: \_\_\_\_\_

Current medications:  
 (Including aspirin, ibuprofen, herbs, vitamins etc): \_\_\_\_\_

\_\_\_\_\_

**INFORMED CONSENT AND WAIVERS: Please tick (✓) if you consent and agree to the following:**

- I understand that Natures Calm Embrace does not hold accounts and that I am liable for all fees incurred at time of treatment
- I understand that 24hrs notice must be given when cancelling a booking or a cancellation fee may be charged
- I consent to Natures Calm Embrace practitioners touching my body in order to conduct their job in a professional manner
- I consent to Natures Calm Embrace practitioners confidentially sharing my health details with each other where necessary

Signature of patient or guardian: \_\_\_\_\_ Date: \_\_\_\_\_